2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006564

FILED Feb 06, 2009 Secretary of State

Entity Name: TERRA VERDE RESORT MASTER ASSOCIATION, INC.

New Principal Place of Business: Current Principal Place of Business: 109 MADIERA BEACH BOULEVARD KISSIMMEE, FL 34746 **Current Mailing Address: New Mailing Address:** 109 MADIERA BEACH BOULEVARD KISSIMMEE, FL 34746 FEI Number: 68-0256172 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BHAVSAR, GIFFORD & HAGOOD 1053 MAITLAND CENTER COMMONS SUITE 101 MAITLAND, FL 32751 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Change () Addition (X) Delete MASON, IAN Name: Name: Address: 2902 SOUTH WEST 30TH STREET Address: City-St-Zip: CAPE CORAL, FL 33914 US City-St-Zip: Title: DVP () Delete Title: () Change () Addition Name: BLUM, PATRICK Name: Address: 2069 JADE LANE, NORTH EAST Address: City-St-Zip: ROCHESTER, MN 55906 US City-St-Zip: Title: () Delete Title: DP/T (X) Change () Addition SIMPSON, KEN Name: SIMPSON, KEN Name: 24 BARNMEAD ROAD Address: Address: 24 BARNMEAD ROAD City-St-Zip: BECHENHAM, KENT, UK BR3 1JE UK City-St-Zip: BECHENHAM, KENT, UK BR3 1JE UK Title: DS () Delete Title: () Change () Addition ELMER, HELEN Name: Name: Address: 7 CLOVER HILL LANE Address: City-St-Zip: EWING, NJ 08638 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN ELMER D 02/06/2009